



13281 UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 248791US0DIV
		First Inventor or Application Identifier Pierre DRUILHE
		Title PLASMODIUM FALCIPARUM ANTIGENS INDUCING PROTECTIVE ANTIBODIES

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification Total Sheets 52		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 5		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 3 <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul>		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		10. <input type="checkbox"/> English Translation Document (if applicable)
6. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification or Sequence Listing on :           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input checked="" type="checkbox"/> Paper</li> </ul> </li> <li>c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</li> </ul>		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		12. <input checked="" type="checkbox"/> Preliminary Amendment
		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
		15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
		16. <input checked="" type="checkbox"/> Other: Request for Priority w/attached Form PCT/IB/304

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation     Divisional     Continuation-in-part (CIP)

of prior application no.: November 15, 2002, pending

Prior application information: Examiner: Minnifield, N.M.

Group Art Unit: 1645

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Norman F. Oblon	Registration No.:	24,618
Signature:		Date:	2/10/04
Name:	Vincent K. Shier, Ph.D.	Registration No.:	50,552

021004  
13281

Docket No. 248791US0DIV

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Pierre DRUILHE

SERIAL NO: New Application

FILING DATE: Herewith

FOR: PLASMODIUM FALCIPARUM ANTIGENS INDUCING PROTECTIVE ANTIBODIES

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

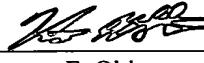
FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	10 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$770.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$770.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$770.00** to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of **\$0.00**
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 2/10/04

  
\_\_\_\_\_  
Norman F. Oblon  
Registration No. 24,618

Customer Number

22850

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)

Vincent K. Shier, Ph.D.  
Registration No. 50,552

Docket No. 248791US0DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Pierre DRUILHE

SERIAL NO: New Application

FILING DATE: Herewith

FOR: PLASMODIUM FALCIPARUM ANTIGENS INDUCING PROTECTIVE ANTIBODIES

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	10 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$770.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$770.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of **\$770.00** to cover the filing fee is enclosed.
- Credit card payment form is attached to cover the filing fee in the amount of **\$0.00**
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 2/10/04

  
\_\_\_\_\_  
Norman F. Oblon  
Registration No. 24,618

Customer Number

22850

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)

Vincent K. Shier, Ph.D.  
Registration No. 50,552